

**INSTRUCTIONS FOR
APPLICATION
ONE-YEAR HARDSHIP EXEMPTION
BAY COUNTY TREASURER 895-4285
2015**

The 2014 Application for One-Year Hardship Exemption has been designed to be in keeping with the requirements of the State of Michigan with regard to poverty exemptions. To be considered for a hardship exemption, the following information must be provided:

1. **COMPLETE ALL SECTIONS OF THIS APPLICATION IN FULL; BE SURE TO SIGN THE APPLICATION.**
2. **Submit a completed and signed copy of the following:**

2014 Michigan Income Tax Return, including Homestead Property Tax Credit Claim (MI 1040 CR)

2014 Federal Income Tax Return (1040), if you are required to file federal income tax.

2014 Federal Income Tax Return (1040) for all other occupants of your home.
3. **If an occupant of your home is not employed but has income from another source, you must show the income in "Annual Income" on page 1 of your application. It must also be on page 3 under the "2014 Estimated Household Income" section and included in Total Projected Household Income for 2014.**
4. **If you completed the section on page one of the application indicating you have major or unusual out-of-pocket expenses, you must provide copies of documents verifying these expenses. This does not include everyday living expenses.**
5. **The application must be legible. If you need or want to provide additional information, please attach a separate sheet. If you need help preparing your application, please call us.**
6. **Do not submit originals of supporting documentation as we must keep these for our records and cannot return them.**
7. **If the application is incomplete or you do not include copies of the required financial documents, you may be considered ineligible for a one-year hardship exemption.**

APPLICATION

PARCEL I.D. _____

APPLICATION FOR ONE-YEAR HARDSHIP EXEMPTION *CONFIDENTIAL INFORMATION* BAY COUNTY TREASURER'S OFFICE

APPLICANT'S NAME _____ AGE _____

NAME OF SPOUSE or CO-OWNER (If applicable) _____ AGE _____

APPLICANT'S MAILING ADDRESS _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (Principal Residence)? () YES () NO

TELEPHONE NUMBER _____

ARE YOU A MILITARY VETERAN? () YES () NO IS YOUR SPOUSE A MILITARY VETERAN? () YES () NO

EMPLOYMENT STATUS AND NAME OF EMPLOYER:

	EMPLOYED		EMPLOYER
SELF	() YES () NO	() FULL TIME () PART TIME	
SPOUSE	() YES () NO	() FULL TIME () PART TIME	

ARE YOU DISABLED?

SELF	() YES () NO
SPOUSE	() YES () NO

NATURE OF DISABILITY _____

Please provide documentation of disability.

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET expenses? If yes, please list them below and provide verification.

TYPE OF EXPENSE	AMOUNT PER YEAR

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed As Dependent	() Yes () No	() Yes () No	() Yes () No	() Yes () No

Attach additional sheet, if needed.

PROPERTY INFORMATION

Purchase Date: _____

Purchase Price: _____ (if purchased in last 3 years)

If not, amount of monthly payment: _____

Have any improvements, changes, or additions been made to the property in the last two (2) years? () Yes () No
If yes, please explain: _____

Do you own this property free and clear? () Yes () No

Are the taxes included in payment? () Yes () No

ASSET INFORMATION

Do you have an ownership interest in any other real estate (including ownership via partnerships, corporation, etc.) in Michigan or anywhere else? () Yes () No If yes, please list (attach additional sheet if needed).

Location	Value	Type of Use	Purchase Date	Purchase Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your assets in addition to real estate? (Do not include sheltered retirement plans such as IRA, 401(K), 403(B), Keogh, 457, annuities, or company pension programs)

Cash \$ _____

Savings Accounts/Certificates & Money Markets \$ _____

Checking Accounts \$ _____

Stocks/Bonds/Treasury Bills \$ _____

Insurance - Cash Value \$ _____

Other \$ _____

Investments \$ _____

Personal Property held as an investment (i.e., gems, jewelry, coin collections, antique cars, etc.) \$ _____

Vehicles: Cars, Trucks, Boats, Trailers, etc.

Make	#1	#2	#3
Model			
Year			
Value			
Balanced Owed			

INCOME INFORMATION

ESTIMATED HOUSEHOLD INCOME FOR THIS YEAR

SOURCE	AMOUNT PER YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$
Social Security/SSI Benefits Income	\$
Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)	\$
Interest and/or Dividends Earned (includes non-taxable interest)	\$
Rent/Business or Royalty Income	\$
Disability Payments (Worker Comp, Veterans Disability, Pension Benefits)	\$
ADC, SFA, SDA, RAP/REP (Attach a copy of DSS Annual Statement)	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants, Fellowships, Etc.)	\$
Less Amount YOU PAY for Medical Insurance	\$ ()
YOUR TOTAL INCOME	
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION	\$
TOTAL PROJECTED HOUSEHOLD INCOME FOR THIS YEAR	\$

Are you facing any special circumstances which make it hard to pay your delinquent taxes? Please describe (use an additional sheet if you need to).

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXEMPTION IS TRUE.

YOUR SIGNATURE: _____

SPOUSE OR CO-OWNER'S SIGNATURE: _____

DATE: _____